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Tallahassee, FL 32314

	Registration 3 Division of Co			,	. •
		OPERTIES LLC			
SUBJEC	:T:	Name of Lin	nited Liability Company	, - 	_
		of Amendment and fee(s) are sub condence concerning this matter	-		
		Heather Zbytniewski			
		Ledbetter Law Group	Name of Person		2021 O SECR
			Firm/Company		
		229 Pensacola Road	T WORK IN THE		2021 OCT -1 PH 4: 08 SECRETARY OF STATE TALLAHASSEE, FL
			Address	··	E S T
		Venice, Ft. 34285	City/State and Zip Code		LAIE LAIE 180 :
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For furth	er information	concerning this matter, please e	to be used for future annual aff:		
Heather	Zbytniewski			6-3965 x 8	
	Name	of Person	Area Code	Daytime Telephone Num	ber
Enclosed	is a check for	the following amount:			
E X \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Zi \$55.00 Filing Fee & Certified Copy additional copy is enc	Certif losed: Certif	Filing Fee, leate of Status & led Copy soal copy is enclosed)
	Mailing Addr Registration Division of (P.O. Box 63	Section Corporations	Division	Idress: ition Section in of Corporations ours of Tallahassee	

2415 N. Monroe Street, Suite 810

Taliahassee, FL 32303

SocuSign Envelope ID: 3EB48321-COD0-4755-8A3A-D26A45A51C/2B

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MMJ PROPERTIES LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L21000401502</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
MMJ PROPERTIES FL LLC		
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable:	nited Liability Company." the designation "LLC" o	r the abbreviation "L.L.C."
	DECE	
Principal office address MUST BE A STREET ADDI	RESS)	11 1 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PH 4: 08
3. If amending the registered agent and/or registere gent and/or the new registered office address here:	d office address on our records, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flori	da
- 	Chy	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

OocuSign Envelope ID '3EB4B321-DCD0-475F-8A9A-D2BA45A51D2B to amenoing Authorized rerson(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ffective date, if other than the date	September 9, e of filing:	2021	(optional)	
ffective date, if other than the date on effective date is listed, the date must be s ote: If the date inserted in this block of	pecific and cannot be prior to loes not meet the applicab	date of filling or more that le statutory filling read	in 90 days after filling, arements, this date) Phrsuant to 605 0205 will not be listed as
ocument's effective date on the Depart				
record specifies a delayed effective dat Lis filed.	e, but not an effective time	e, at 12:01 a.m. on the	earlier of: (b) Th	e 90th day after the
	2021			
September 27		. •		
ated September 27 DocuSigned by Ave J. J. and all		· ·		
ated September 27 Joseph Lampbell AFFORMBRIDGE Sign	ature of a member or authori.	zed representative of a m	ember	

Filing Fee: \$25.00